

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cooperative of American Physicians Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Tony Feuerman MD**

Mailing Address 16133 Ventura Blvd., #1105

City State Zip Code  
Encino CA 91436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tony Feuerman, MD

Occupation

Physician

Receipt For: 2011

☐ Primary ☐ General  
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 09 / 2011

**Transaction ID : 11AI-74970**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. John Fox MD**

Mailing Address 4455 Los Feliz Blvd., #308

City State Zip Code  
Los Angeles CA 90027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

John Fox, MD

Occupation

Physician

Receipt For: 2011

☐ Primary ☐ General  
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 17 / 2011

**Transaction ID : 11AI-74981**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **c. Theodore Georgis MD**

Mailing Address PO Box 273

City State Zip Code  
Palos Verdes Estates CA 90274

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Theodore Georgis, MD

Occupation

Physician

Receipt For: 2011

☐ Primary ☐ General  
☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 30 / 2011

**Transaction ID : 11AI-75002**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00